


United States Environmental Protection Agency  
Washington, D.C. 20460  
**DATA CALL-IN RESPONSE**

OMB Approval 2070-0174  
EPA FORM 6300-4

INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form.  
Use additional sheet(s) if necessary.

1. Company Name and Address ECOLAB, INC. 1 ECOLAB PLACE ST. PAUL, MN 55102		2. Case # and Name 0569 - Sodium dichloro-s-triazinetrione Chemical # and Name: 081404 Sodium dichloro-s-triazinetrione		3. Date and Type of DCI and Number 17-Jun-2019 GENERIC ID # GDCI-081404-1795	
4. EPA Product Registration	5. I wish to cancel this product registration voluntarily	6. Generic Data		7. Product Specific Data	
		6a. I am claiming a Generic Data Exemption because I obtain the active ingredient from the source EPA registration number listed below.	6b. I agree to satisfy Generic Data Requirements as indicated on the attached form entitled "Requirements Status and Registrant's Response."	7a. My product is an MUP and I agree to satisfy the MUP requirement on the attached form entitled "Requirements Status and Registrant's Response."	7b. My product is an EUP and I agree to satisfy the EUP requirement on the attached form entitled "Requirements Status and Registrant's Response."
1677-229				N/A	N/A
1677-255				N/A	N/A

*\*Product ingredient source information may be entitled to confidential treatment\**

8. Certification: I certify that the statements made on this form and all attachments are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine, imprisonment or both under applicable law.

Signature and Title of Company's Authorized Representative Bridget Peterson Reg. Specialist

10. Name of Company Ecolab, Inc.

9. Date

9/25/2019

11. Phone Number

651-250-2622